



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

*Amult found in IDS*  
PATENT APPLICATION  
*File Clerk Process*

In re the Application of

Val J. DARE-BRYAN

Group Art Unit: 3616

Application No.: 09/820,707

Examiner: J. Sliteris

Filed: March 30, 2001

Docket No.: 105760  
*M. [unclear]*  
*12-9-03*  
*81B*  
*Heck*

For: VEHICLE SUSPENSION SYSTEM

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In reply to the March 12, 2003 Office Action, please consider the following:

**Amendments to the Specification;**

**Amendments to the Claims** are reflected in the listing of claims;

**Amendments to the Drawings** include an attached replacement sheet;

**Remarks.**

**RECEIVED**  
JUN 16 2003  
**GROUP 3600**

**PATENT APPLICATION**

OLIFF & BERRIDGE, PLC  
P.O. Box 19928  
Alexandria, Virginia 22320  
Telephone: (703) 836-6400  
Facsimile: (703) 836-2787



Attorney Docket No.: 105760

**AMENDMENT TRANSMITTAL**

In re the Application of

Val J. DARE-BRYAN

Group Art Unit: 3616

Application No.: 09/820,707

Examiner: J. Sliteris

Filed: March 30, 2001

For: VEHICLE SUSPENSION SYSTEM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**RECEIVED**  
JUN 16 2003  
**GROUP 3600**

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.  
☐ Small entity status of this application has been established.

The filing fee has been calculated as shown below:

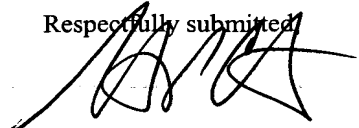
	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE	OR	RATE	ADD'L FEE
TOTAL CLAIMS	*21 MINUS	**21	=0	x 9	\$		x 18	\$ ---
INDEP CLAIMS	*3 MINUS	***3	=0	x 42	\$		x 84	\$ ---
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 140	\$	OR	+280	\$
					\$			\$ ---

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_ is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

  
Darle M. Short  
Registration No. 29,213

Stephen P. Catlin  
Registration No. 36,101

DMS:SPC/sxb

Date: June 12, 2003